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Statistical Bulletin

METROPOLITAN LIFE INSURANCE COMPANY

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Foreign War Brides of American Servicemen

IT IS estimated that about 70,000 foreign war brides and children of American servicemen will have entered the United States by the end of July 1946, when the present program of the War Department to transport war dependents will terminate. Of the total approximately 52,500 are brides and 17,500 children.

These war brides and their children come from practically every part of the world where our armed forces were stationed, but their numbers vary greatly according to geographic area. About 60,000, or six out of every seven, are expected from the European and Mediterranean theaters and the remaining 10,000 from the Pacific areas. It is estimated that of those coming from across the Atlantic, approximately 75 percent are from Great Britain, 15 percent from France and Italy, 3 percent each from Belgium and Ireland, and about 4 percent from the other countries of Europe and North Africa. In all, more than 30 nationalities will be represented from that part of the world. Of the brides and children sailing from the Pacific areas, about 85 percent are from Australia, 10 percent from New Zealand, and the residual 5 percent are from the Philippines and from other places in that area. The reasons for the preponderance of brides from the British Isles and from Australasia are self-evident. Not only were large numbers of our armed forces stationed there for several years, but, in addition, there is the kinship growing out of a common language and similarities of custom and national background.

In order to obtain additional statistical information regarding these war dependents, the passenger lists of several representative "bride ships" were examined. From this sampling it appears that approximately one third of the brides entering our country are mothers. The records show also that the large majority of the mothers have only one child, though there are not lacking instances of women arriving with three children. In a few of the latter cases all three children are those of an American father, but as a rule at least one child is from a previous marriage of the bride. Altogether, judging from the sample studied, such children from previous

marriages constitute about 5 percent of the total.

Just as the personnel of the armed forces was recruited from every State in the Union, so will these war dependents, joining their husbands, settle in all parts of the country. As would be expected, the Middle Atlantic States, with more than 20 percent of our total population, will be the home of the largest number of war dependents; the Mountain States will be the destination of the smallest group. New York and Pennsylvania head the States that will receive these new residents, while Nevada is at the end of the list.

The ages of the foreign war brides are very much the same as those of girls marrying in our own country. There is a definite concentration of brides in the early 20's, with a considerable proportion in the late teens. The women without children tend to be a little younger, on the average, than those who have children. In the sample studied the youngest bride was 15 years of age and the oldest 50.

It is of interest to compare the overseas marriages of our armed forces in World War II with those in World War I. Unfortunately, complete official figures for the earlier conflict are not available, for at that time a foreign bride automatically attained citizenship upon marriage to an American, and there was, therefore, no need for the government to keep a record of the case. Official figures do show, however, that about 3,700 foreign war brides were brought to the United States in Army transports. In addition an unknown number arrived on commercial liners. Estimates on the number of foreign war brides arriving after World War I vary from about 4,000 to 8,000. In the recent war it is estimated that about 52,500 of the Army and Navy personnel married overseas. In comparing the number of marriages in our armed forces in the two wars, several important differences must be taken into account. First, American participation in World War II lasted almost 2½ times as long as in the earlier conflict. Then, again, our forces overseas were almost four times as great. When allowance is made for these factors, there is little difference in the marriage rate for our men abroad in the two global conflicts. This fact is contrary to the prevailing impression that the tendency to marry foreign brides has been much greater in the present generation than it was in our expeditionary force of a quarter century ago.

Another item of interest is a comparison of the number of marriages overseas in the years 1943 to 1945, when a large proportion of our servicemen was on foreign duty, with the total number taking place in the United States during the same period. The approximately 52,500 marriages overseas in the three years were slightly more than 1 percent of the 4,500,000 marriages within our country.

The United States plans to maintain a fair-sized army of occupation

in both the European and Pacific areas for some years, and it is probable that some of the men in service abroad will take foreign brides. However, most of the troops will be stationed in former enemy territory, and the number of such future marriages is apt to be limited.

NOTE: The basic data for this article were obtained through the cooperation of the following persons, to whom grateful acknowledgment is made: Lt. Col. Aubrey L. Thomas, Chief, Press Branch, Bureau of Public Relations, War Department; Col. John U. Schiess, Chief, Intelligence and Security Division, New York Port of Embarkation; Major James A. Sullivan, Chief, Technical Information Branch, Intelligence and Security Division, San Francisco Port of Embarkation; Mr. Joseph P. Carroll, Statistician, Control and Planning Branch, Troop Movement Division, New York Port of Embarkation.

The Balance of Births and Deaths in the War Years

WORLD WAR II has had a more profound effect on population growth in large areas of the globe than has any other war in history. The population changes have come about not merely because of the military losses, heavy as they have been. As a matter of fact, the total number of deaths in action in World War II was not very different from that in World War I, while the mortality from disease in all armies dropped materially. The marked difference from previous wars stems from what happened to the civilian populations. The picture varied with the individual countries, and it is one of violent contrast. In the areas under the iron heel of Nazi occupation the major factor was the war which Germany waged against civilians, in accordance with her plan to weaken her neighbors for generations to come. To this end she used mass murder; starvation; the wholesale recruitment of slave labor, with the consequent separation of millions of couples; and many other barbaric measures for which her leaders now stand at the international bar of justice. In other countries more fortunately situated the population changes, in large measure, reflected the effect of the war on the normal course of the birth and death rates.

From the standpoint of the balance of births and deaths during the war years, our own country presents a highly favorable picture. Because of a spurt in its birth rate and a general decline in its death rate in this period, the United States showed a sizable increase in population over and above its direct military losses. The aggregate increase for the years 1941-1945 was about 7,500,000, or 50 percent greater than the increase in the five years immediately preceding 1941.

The situation in England with respect to wartime population growth, although different from ours in many respects, has been quite satisfactory. In the period 1939-1945 England actually added about 700,000 to her population through the excess of births over deaths. This is a net figure and allows for the military losses and for the deaths of 60,000 civilians in air raids. Births during the war years were about 200,000 in excess of the number expected on the basis of prewar rates. During the later war years particularly, births in

England rose to the highest level in nearly a generation. This increase in births went a long way to counterbalance, numerically at least, the deaths resulting from the war. In every war year, with perhaps one exception, births exceeded the total of deaths, both civilian and military. In 1944 the excess was nearly double the annual average in the prewar period 1932-1938.

Germany presents a very different picture. In the years immediately preceding the war there was a rise in the birth rate, largely as a result of the increase in employment incidental to Germany's huge rearmament program, and also because of official measures to promote larger families. The war brought this upswing in births to an end, and as against a natural increase (excess of births over deaths) of nearly 3,000,000 in the prewar years 1932-1938, there was a deficit of perhaps as great an amount in the war period, 1939-1945. In the early years of the war the Germans managed to keep their birth rate at a fairly high level, while their death rate, including military deaths, rose only moderately. The consequence was a substantial excess of births over deaths. In 1942, however, the tide turned. Even though health conditions in the civilian population remained relatively good until near the end of the war, the combined effect of the sharp decline in the birth rate, the heavy military losses, and the civilian deaths from bombing was to produce a rapidly accelerating population deficit. For the war period as a whole this deficit was probably twice that for World War I.

As a result of the contrasting wartime trends in the birth rates for Germany and England, the positions of the two countries became reversed. In 1939 the birth rate for Germany—20.4 per 1,000 population—was substantially higher than that for England—namely, 14.9 per 1,000. By 1944 the rate in Germany had dropped to near 14, while England's had risen to 17.5.

France, too, had an unfavorable balance of births in relation to deaths, but in her case the factors were different from those operating among other major belligerents. French military losses in World War II were only a fraction of her losses in World War I. The population deficit in France arose primarily out of the marked fall in the birth rate. Three major factors account for this decline: The retention of about 1,500,000 young Frenchmen in prisoner-of-war camps in Germany, the recruiting of French labor for work in Germany, and the lack of food to maintain the population in good physical condition. The last factor also accounts for a sizable increase in the death rate and a particularly sharp rise in infant mortality. Deaths in France, including those in her armed forces, exceeded births by about 750,000 for the war period as a whole. Strangely enough, the comparison with prewar years is not too unfavorable, since even before the war deaths in France had already exceeded the number of births. The popula-

tion deficit in France incurred during World War II was much less than for World War I, when the deficiency amounted to about 3,000,000.

For countries like Russia, Poland, Yugoslavia, and Greece the data are so fragmentary that they cannot be woven into a consistent story. Against these nations the Nazis unleashed the full force of their brutality, and these unfortunate peoples suffered so much unrecorded destruction of life that the facts will probably never be known with any degree of accuracy.

The immediate effects of the war on population growth are only part of the picture. The impact in many countries will be felt for generations to come. This holds true particularly for those countries which suffered the heaviest losses of young men and which experienced the most severe reduction in birth rates.

Youths Face a Dangerous Summer

ACCIDENTS kill more people in the summer than at any other season of the year. The added toll during the vacation months arises in considerable measure out of the increased number of injuries from sports and other recreational activities. This is particularly true for young men in their late teens and early 20's because of their extensive participation in such activities. This year a new element is present in the situation. A large proportion at these ages are war veterans, who for a long while have not had a chance to indulge their love for summer sports and who will undoubtedly take full advantage of their new opportunities. They need and deserve all the wholesome and carefree joy that they can get. But there is a real danger that many of them will not pay sufficient heed to safety precautions and that their carefree attitude too frequently will result in disaster.

Accidents are the leading cause of death in our country among boys and young men between the ages of 15 and 24 years. The annual accident toll in peacetime was around 10,500 lives, with more than 40 percent of the fatal injuries occurring in the four-month period June through September. The chances are that this year, for reasons already noted, the figures will be materially higher.

What types of accidents are likely to contribute the largest part of the expected increase? This is no mere academic question, for such information indicates where accident prevention activities need to be concentrated. For an answer we turn to the experience among white male industrial policyholders of the Metropolitan Life Insurance Company, aged 15 to 24 years, who died of accidental injuries in the prewar years 1939-1940. As the table on page 6 shows, three classes of accidents—motor vehicle, drowning, and firearm—accounted for nearly three quarters of all accidental deaths among the insured. It is in these

leading types that the largest increase probably will occur this summer.

Motor vehicle injuries alone caused more than one half the deaths from accidents among insured white males aged 15 to 24 years in the period 1939-1940. Some young people, while in the armed forces, acquired skills in the handling and repair of motor vehicles. They will be sorely tempted to apply these skills and to make use, during the summer months, of vehicles that might better be discarded in the interest of their own safety and the safety of others. Moreover, many men had no opportunity to drive while in service and hence have become "rusty." The present trend in motor vehicle accidents is ominous indeed. The number of fatalities has increased very sharply since driving restrictions were lifted a year ago. Young people cannot be impressed too strongly with the terrible price being paid in life and limb for the pleasure and convenience of the automobile.

Something should be said, too, of the great care needed in operating motorcycles—an item often overlooked in safety programs. It is estimated that in the neighborhood of 800 persons in the United States are killed annually in all kinds of motorcycle accidents. About half of all the victims fall into the age group 15 to 24 years.

Drownings loom large in the summer toll of youth. One sixth of the annual fatalities among the insured group under review was charged to this cause. Accidents while swimming or handling small boats during the vacation season account for a large percentage of these deaths, one reason being that too few young people can swim. The New York Chapter of the American Red Cross is authority for the statement that more than 85 percent of the young men who were called into service

NUMBER AND PERCENT OF DEATHS FROM ACCIDENTS BY MEANS OF INJURY. WHITE MALES. AGES 15 TO 24 YEARS. METROPOLITAN LIFE INSURANCE COMPANY, INDUSTRIAL DEPARTMENT. 1939–1940

TYPE OF ACCIDENT	NUMBER OF DEATHS	PERCENT OF TOTAL	TYPE OF ACCIDENT	NUMBER OF DEATHS	PERCENT OF TOTAL
Total Accidents	1932	100.0	Railway (except collision with motor vehicle)	60	3.1
Motor Vehicle	1019	52.8	Machinery	46	2.4
Collision with bicycle	50	2.6	Burns and conflagration	44	2.3
Collision with motorcycle	46	2.4	Air transport	39	2.0
Motorcycle (except collision with other motor vehicle)	55	2.8	Mines and quarries	37	1.9
Drowning	228	11.8	Electric currents (except lightning)	29	1.5
Water transport	93	4.8	Poisonings (gas, food, other)	27	1.4
Firearms	91	4.7	Crushing	24	1.2
Falls	85	4.4	Other specified and unspecified	110	5.7

could not swim well enough to save their own lives. Thanks to the interest of the military authorities in this matter and to the instruction supplied by the Red Cross, thousands of young men received swimming instruction. Thousands more learned how to handle watercraft of many types in connection with their wartime duties. Men with this background should be at home around the water. But the vast number of others without such training who will flock to the beaches or who will venture out in small craft ought to be warned of the grave risks they run.

The ability to handle firearms, acquired in the services, will be utilized by a large number of veterans. This will probably mean an increased toll of firearm accidents, particularly when the hunting season gets under way. Shooting accidents among hunters, unfortunately, figure prominently in the death toll from firearm accidents each year. Knowledge of how to handle a gun is an important element in hunting safely, but the beginner should not rely on this ability alone to protect him against a serious accident. He should take a number of trips with an experienced hunter before he sets out on his own or with inexperienced companions.

The nation can pay part of its deep debt of gratitude to the men who have returned from service by making life as safe as possible for them. To do this effectively it is, of course, necessary to have the wholehearted cooperation of organizations working for the welfare of veterans and of the veterans themselves.

Decline in Mortality from Poliomyelitis

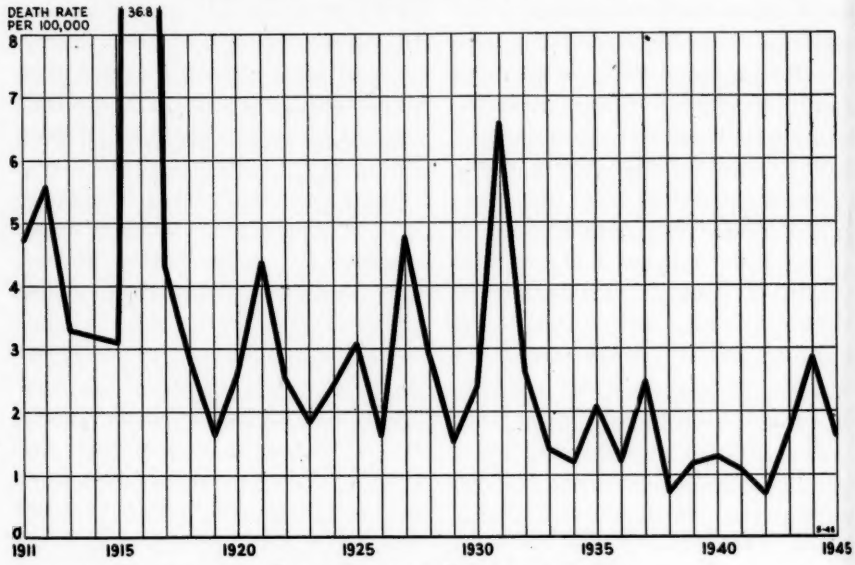
ALTHOUGH there have been periodic epidemics of poliomyelitis (infantile paralysis), the trend of mortality from this disease has been downward in the past 35 years. This is evident from the chart on page 8, which shows, for the period 1911 to 1945, the annual death rates from this cause among children 1 to 14 years of age insured in the Industrial Department of the Metropolitan Life Insurance Company.

During the period under survey there were 10 peaks in the mortality from poliomyelitis among these insured lives. The most frequent time interval between peaks has been four years. Although the time between widespread outbreaks does vary, it is interesting that a four-year interval preceded two of the severest epidemics on record—namely, those of 1916 and 1931—and also the most recent one, that of 1944.

Girls have benefited more than boys from the improvement in mortality among white children, as may be seen in the table on page 8. In the period 1911 to 1915 the standardized death rates at ages 1 to 14 were practically identical for the two sexes—namely, 3.8 per 100,000 for white girls and 3.9 for white boys. For the period 1941 to 1945, however, the death rates among the girls were, on the average, half those for

TREND OF MORTALITY FROM ACUTE POLIOMYELITIS, 1911 TO 1945

METROPOLITAN LIFE INSURANCE COMPANY, INDUSTRIAL DEPARTMENT, AGES 1 TO 14 YEARS



Standardized for age on the basis of the Standard Million of England and Wales, 1901

AVERAGES OF ANNUAL DEATH RATES PER 100,000 FROM ACUTE POLIOMYELITIS, FOR WHITE PERSONS BY SEX, AT SPECIFIED AGES. 1911 TO 1945. METROPOLITAN LIFE INSURANCE COMPANY, INDUSTRIAL DEPARTMENT

AGE PERIOD; YEARS	1941 TO 1945	1936 TO 1940	1931 TO 1935	1926 TO 1930	1921 TO 1925	1916 TO 1920	1911 TO 1915
	WHITE MALES						
1–14*	2.2	1.6	3.5	3.0	3.2	11.0	3.9
1– 4	1.1	1.6	5.2	4.6	5.5	24.8	9.5
5– 9	3.1	1.9	3.5	3.0	2.7	8.0	2.2
10–14	2.3	1.3	1.9	1.7	1.6	2.1	0.9
15–19	1.6	0.7	1.1	1.1	1.1	0.8	0.8
20–24	0.9	0.4	0.5	0.3	0.2	0.5	0.4
	WHITE FEMALES						
1–14*	1.1	1.1	2.4	2.3	2.6	8.6	3.8
1– 4	0.9	1.4	3.5	3.7	5.1	19.7	9.3
5– 9	1.2	1.1	2.2	2.3	1.9	5.9	2.2
10–14	1.3	0.8	1.6	1.3	1.1	1.8	0.7
15–19	0.6	0.5	0.5	0.5	0.4	0.6	0.4
20–24	0.5	0.3	0.6	0.3	0.5	0.6	0.3

*Standardized for age on the basis of the Standard Million of England and Wales, 1901.

the boys, the figures being 1.1 and 2.2 per 100,000, respectively.

In each sex the improvement in mortality has been concentrated almost altogether among children under 5 years of age. Among white boys at ages 1 to 4 the death rate from poliomyelitis dropped from 9.5 per 100,000 to 1.1 between the initial and final five-year periods; among white girls the corresponding decline was from 9.3 per 100,000 to 0.9. The death rate among girls at ages 5 to 9 has also been reduced somewhat. At all other ages, in both sexes, the mortality has fluctuated without a definite trend. As a result of these differences the peak of mortality has shifted from the age group 1 to 4 years to 5 to 9 among white boys, and 10 to 14 years among the girls.

It is difficult to ascertain what factors have brought about the reduced mortality from poliomyelitis. One cannot tell whether the decline has been due to a downward trend in the number of cases or to a lowered case fatality arising from improved methods of treatment, or to both these elements. Over the years physicians have increased their ability to diagnose the disease, and a larger number of cases are being correctly reported. This fact gives added significance to the downward trend of mortality.

Effective preventive measures against poliomyelitis are still lacking. The manner by which the disease is transmitted has not yet been definitely established, although recent investigations point to person-to-person contact as the most probable factor. Continued research is required in the epidemiology of the disease before it can be brought under control, as have been the more common infections of childhood.

99 Percent Drop in Typhoid Fever Mortality

MEDICAL science and public health administration have scored many brilliant victories over infectious disease in the past few decades, but none has been more dramatic than the conquest of typhoid fever. Since the turn of the century this disease has dropped from its position as a leading cause of death to one of negligible importance numerically. In 1900 the death rate from typhoid and paratyphoid fever in the United States was in excess of 30 per 100,000; in 1944 it was only 0.4, a decline of 99 percent. There are many large cities which have not had a single death from this cause for a number of years.

Marked progress has likewise been made in reducing the prevalence of the disease, particularly in the past decade. As is evident from the table on page 10, the case rate from typhoid and paratyphoid fever dropped fully 75 percent in the country as a whole between 1934-1935 and 1944-1945. Whereas only 10 years ago there were well in excess of 20,000 cases a year, at present there are about 5,000 annually. Moreover, the effort to suppress the disease has been highly successful in every area of the

country. These remarkable results have followed upon a variety of measures, such as the installation of sewer systems, the supervision of typhoid carriers, the inspection of food supplies, the examination of food handlers, antityphoid inoculation, the adoption of central water supplies and, above all, filtration and chlorination of these supplies.

Further progress toward the goal of eliminating typhoid fever completely will depend largely upon the success achieved in the South and Southwest, where the problem is now largely concentrated.

CASE RATES FROM TYPHOID AND PARATYPHOID FEVER IN THE UNITED STATES 1934–1935 AND 1944–1945

State	Average Annual Case Rate per 1,000,000 Population		Percent Decline	State	Average Annual Case Rate per 1,000,000 Population		Percent Decline
	1934–1935	1944–1945			1934–1935	1944–1945	
United States	160	39	75.6	South Atlantic (contd.)			
				Virginia	312	48	84.6
New England	63	30	52.4	West Virginia	380	72	81.1
Maine	214	41	80.8	North Carolina	174	32	81.6
New Hampshire	25	14	44.0	South Carolina	371	72	80.6
Vermont	206	29	85.9	Georgia	392	74	81.1
Massachusetts	30	36	*20.0**	Florida	95	61	35.8
Rhode Island	32	21	34.4				
Connecticut	66	21	68.2	East South Central	315	70	77.8
				Kentucky	450	79	82.4
Middle Atlantic	70	24	65.7	Tennessee	358	78	78.2
New York	56	19	66.1	Alabama	215	63	70.7
New Jersey	58	19	67.2	Mississippi	208	56	73.1
Pennsylvania	93	32	65.6				
				West South Central	279	80	71.3
East North Central	105	24	77.1	Arkansas	188	88	53.2
Ohio	116	27	76.7	Louisiana	376	84	77.7
Indiana	110	59	46.4	Oklahoma	290	49	83.1
Illinois	123	14	88.6	Texas	268	85	68.3
Michigan	92	22	76.1				
Wisconsin	47	7	85.1	Mountain	271	67	75.3
				Montana	198	75	62.1
West North Central	140	20	85.7	Idaho	264	60	77.3
Minnesota	101	10	90.1	Wyoming	83	26	68.7
Iowa	95	20	78.9	Colorado	140	49	65.0
Missouri	245	27	89.0	New Mexico	901	157	82.6
North Dakota	88	27	69.3	Arizona	331	81	75.5
South Dakota	86	22	74.4	Utah	110	22	80.0
Nebraska	33	3	90.9	Nevada	176	82	53.4
Kansas	161	26	83.9				
				Pacific	105	29	72.4
South Atlantic	277	52	81.2	Washington	103	25	75.7
Delaware	233	39	83.3	Oregon	124	39	68.5
Maryland	261	27	89.7	California	102	28	72.5
District of Columbia	93	21	77.4				

*Increase.

Comparative Data on the Causes of Death Among Industrial Policyholders

The following table shows the mortality among Industrial policyholders for May 1946 and May 1945, together with the death rates for the first five months of 1946, 1945, and 1944.

DEATH RATES* PER 100,000 POLICYHOLDERS FROM SELECTED CAUSES
WEEKLY PREMIUM-PAYING INDUSTRIAL BUSINESS
METROPOLITAN LIFE INSURANCE COMPANY

CAUSE OF DEATH	ANNUAL RATE PER 100,000 POLICYHOLDERS*				
	May 1946	May 1945	Year to Date: End of May 1946	1945	1944
ALL CAUSES—TOTAL	702.4	890.4	826.3	918.2	874.2
—Excluding war deaths	*689.3*	*753.1*	*802.1*	*786.1*	*844.3*
Typhoid fever	0.1	0.4	0.1	0.3	0.2
Measles	1.4	.4	.9	.2	1.4
Scarlet fever	—	.3	.2	.3	.6
Whooping cough	.4	.4	.7	.8	.5
Diphtheria	.4	.6	.7	.7	.7
Influenza	2.4	2.5	8.4	4.6	17.3
Pneumonia (all forms)	20.4	28.5	34.6	35.3	49.4
Tuberculosis (all forms)	35.0	40.3	39.3	38.4	42.8
Tuberculosis of respiratory system	31.0	36.2	35.7	34.7	38.8
Syphilis	7.5	8.3	8.6	9.0	10.0
Cancer (all forms)	109.6	111.1	115.0	113.0	109.2
Diabetes mellitus	23.8	24.9	29.9	26.9	31.7
Cerebral hemorrhage	60.3	68.7	72.2	70.8	72.9
Diseases of the coronary arteries and angina pectoris	64.2	64.4	74.2	70.3	67.6
Other chronic heart diseases†	154.9	156.8	183.3	170.8	187.6
Diarrhea and enteritis	3.2	3.5	2.7	3.3	3.4
Appendicitis	1.9	4.5	3.5	4.8	5.3
Chronic nephritis	34.8	43.2	45.8	47.4	51.4
Puerperal state—total	2.8	2.8	3.0	3.7	4.3
Suicides	6.8	6.6	7.4	6.1	6.3
Homicides	3.9	3.0	3.9	2.7	2.6
Accidents—total	42.3	50.9	50.2	54.0	53.2
Home accidents	7.1	8.3	11.4	10.6	11.4
Occupational accidents	3.2	4.3	4.3	5.2	5.6
Motor vehicle accidents	13.9	10.6	15.6	12.4	14.3
War deaths (enemy action)	13.1	137.3	24.2	132.1	29.9
All other causes of death	113.3	131.3	117.6	122.6	125.7

*The rates for 1946 are subject to slight correction, since they are based on provisional estimates of lives exposed to risk.

†International List (1940) titles 92, 93 (c), (d), (e), and 95.

Correspondence on the subjects discussed in these BULLETINS may be addressed to: The Editor,

STATISTICAL BULLETIN
Metropolitan Life Insurance Company
1 Madison Avenue, New York 10, N. Y.

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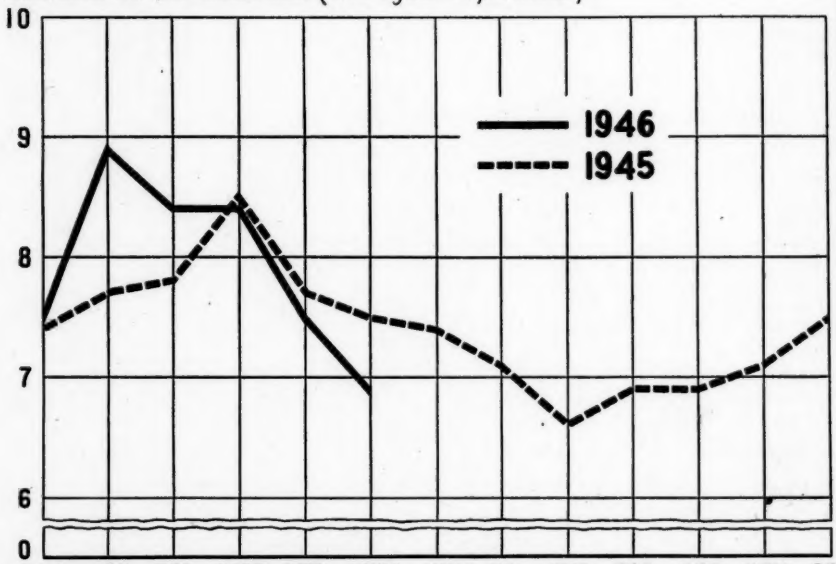
University of Michigan
Ann Arbor, Michigan

MORTALITY FROM ALL CAUSES

METROPOLITAN LIFE INSURANCE COMPANY
INDUSTRIAL DEPARTMENT, WEEKLY PREMIUM-PAYING BUSINESS

DEATH RATES PER 1,000 ANNUAL BASIS (*1946 figures are provisional*)



[DEC]	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
1945	7.7	7.8	8.5	7.7	7.5	7.4	7.1	6.6	6.9	6.9	7.1	7.5
1946	8.9	8.4	8.4	7.5	6.9							

* *Does not include war deaths*

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